

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2689

FILED FEB 8 1943

Registration District No. 171

Primary Registration District No. 5637

State File No.

Registrar's No. 2

1. PLACE OF DEATH

(a) County Safayette
(b) City or town Wellington
(c) Name of hospital or institution: 1 class 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community rise years, months or days)

3. (a) PRINT FULL NAME FRED-D-FLUCKE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife anna 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 7-18-5-1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Bay MO. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name John Flucke
13. Birthplace Herrman MO (City, town, or county) (State or foreign country)
14. Maiden name Charlotte
15. Birthplace Bay - mo (City, town, or county) (State or foreign country)

16. (a) Informant Wellington MO

17. (a) Burial (b) Date thereof Jan. 5-43 (Month) (Day) (Year)

(c) Place: burial or cremation Wellington

18. (a) Signature of funeral director Everett J. Hane

(b) Address Wellington MO

19. (a) Jan-28-43 (b) Mrs W. Baker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Safayette
(c) City or town Wellington MO Rural
(If outside city or town limits, write "RURAL")
(d) Street No. main (If rural, give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Sept 9 1942 to Jan 3 1943
that I last saw him alive on Dec 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation
Due to Chronic Endocarditis & Hypertension
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 928
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury.....

23. Signature W. Baker (M. D. or other) Address Wellington MO Date signed 1/10/43

Duration Seven
Physician James
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

W. Ray Egan

Licensed Embalmer No.

4305

P. O. Address

Wellington, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.